



Form
CG-AEL
State Form 51413
(6-03)

Indiana Department of Revenue

Application for Exemption Letter for Non-Licensed Event

You must file this application at least four (4) weeks before your scheduled event.

Please print or type name and address (street, city,
state, zip code) of qualified organization below:

Type of Non-Licensed Event:
(Check only one box)

- ☐ Bingo ☐ Charity Game Night
☐ Door Prize ☐ Raffle

Date of Event	Taxpayer Identification Number (TID)		
Address of Non-Licensed Event	City	State IN	Zip Code
Total value of <i>all</i> prizes to be awarded (including prizes from sales of pull-tabs, punchboards and tip boards) at non-licensed event listed above: \$ _____	Total value of <i>all</i> prizes awarded (including prizes from sales of pull-tabs, punchboards and tip boards) at all previously held non-licensed events (within same calendar year): \$ _____		

Enter the name(s) of Operator(s) for this non-licensed event. Detailed information for each Operator **must** be completed on the back:

1. Name: _____ 2. Name: _____

3. Name: _____ 4. Name: _____

- A validated copy of this Application for Exemption Letter must be displayed at the non-licensed event.
- Please refer to the Indiana Department of Revenue Charity Gaming Publication 2 regarding prize limitations, etc.

Officer's Signature

Officer's Printed Name

Date

For Department Use Only

This application is not valid unless signed and stamped by the Department.

Operator Information

You must complete this information for each Operator listed on the front of this form.

1. Operator Name	2. Operator Name
Home Address	Home Address
Telephone # ()	Telephone # ()
Date of Birth	Date of Birth
Social Security #	Social Security #
Years of Membership	Years of Membership

3. Operator Name	4. Operator Name
Home Address	Home Address
Telephone # ()	Telephone # ()
Date of Birth	Date of Birth
Social Security #	Social Security #
Years of Membership	Years of Membership